STATEMEN' **ORGANIZA**

		2010 MAR -9 AM 9: 25			
FEC FORM 1	STATEMENT OF ORGANIZATION				
		Office Use Only			
1. NAME OF COMMITTEE (in full)	(Check if name Example:If typin over the lines.	ng, type 12FE4M5			
Chiciss Gib	Swin For Congress				
<u> </u>	<u> </u>				
ADDRESS (number and street	Sioiz Winimon Sitirieix	*			
(Check if address is changed)					
	Hir.disidio.	L12153141-			
•	CITY	STATE ZIP CODE			
COMMITTEE'S E-MAIL ADD	RESS (Please provide only one e-mail address)	•			
(Check if address is changed)	HITIERS IN THE TIELLILITE SIGNED SINGLE OF COM				
COMMITTEE'S WEB PAGE	ADDRESS (URL)				
(Check if address is changed)	hititip:://www.gi.ibisia.n	flatricia nigirie is is i claimi			
2. DATE 0 3	2010				
3. FEC IDENTIFICATION	NUMBER C				
4. IS THIS STATEMENT	NEW (N) OR AMEN	IDED (A)			
I certify that I have examine	d this Statement and to the best of my knowledge	and belief it is true, correct and complete.			
To Black Name of Taxas	Nage Verve Pag	f L g . a			

i ceruity that i have exam	inea this Statement and to the bo	est of my knowledge and beli	et it is true,	correct and complete.	
Type or Print Name of Tr	easurer Nancy Ko	skey Patzu	ah1		
Signature of Treasurer	Way K Fak	with_	Date	03 04 20	10

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

	Office Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
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